

## Health Care Provider's Written Opinion For Hepatitis B Vaccination

Use with Chapter 296-823 WAC, Occupational Exposure to Bloodborne Pathogens

Employee's Name: \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_

Health Provider's Address: \_\_\_\_\_

\_\_\_\_\_

Health Provider's Telephone \_\_\_\_\_

As required by the Occupational Exposure to Bloodborne Pathogens rule,  
Chapter 296-823 WAC:

Hepatitis B vaccination **is** \_\_\_\_\_ **is not** \_\_\_\_\_ recommended for the  
employee named above.

The employee named above is scheduled to receive 3 total hepatitis B  
vaccinations on the following dates:

1<sup>st</sup> of 3 \_\_\_\_\_

2<sup>nd</sup> of 3 \_\_\_\_\_

3<sup>rd</sup> of 3 \_\_\_\_\_

\_\_\_\_\_  
Health care Provider's Name

\_\_\_\_\_  
Health care Provider's Signature

\_\_\_\_\_  
Date

**Return this form to the employer, and provide a copy to the employee, within 15  
days. Please label the outside of the envelope "Confidential."**

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

\_\_\_\_\_

Confidential Fax: \_\_\_\_\_

<http://www.lni.wa.gov/>

